AMEN	NDMENT T	FRANSMI	TTAL LE	TTER	Docket No. ALXN-P01-102
Application No.		Filing Date		Examiner	Art Un
10/655,861		September 5, 2003		P. Gambel	1644
olicant(s): War	ng et al.				
	OD OF TREAT ONENT C5	MENT OF AS	THMA USING	ANTIBODIES TO C	OMPLEMENT
	тс	THE COMMI	SSIONER FO	OR PATENTS	
ansmitted here	with is an ame	ndment in the	above-identif	ied application.	
ne fee has beer	n calculated an	d is transmitte	d as shown b	elow.	
		CLAIM	S AS AMEN	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	107	- 127 =	0	x 52.00	0.00
ndependent Claims	16	- 17 =	0	x 220.00	0.00
Multiple Depend	lent Claims (ch	eck if annlicabl	(a)		
Other fee (pleas	e specify):				
Other fee (pleas	e specify):	OR THIS AME	NDMENT:		0.00
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:	Small Entity	0.00
TOTAL ADDIT x Large Entity	IONAL FEE FO			Small Entity	0.00
TOTAL ADDIT x Large Entity x No additiona	IONAL FEE FO	d for this ame	ndment.		
TOTAL ADDIT x Large Entity x No additional	IONAL FEE FO	d for this ame	ndment ii	n the amount of \$	
TOTAL ADDIT x Large Entity x No additiona Please char	IONAL FEE FO	d for this ame	ndment. i to cover		
TOTAL ADDIT x Large Entity x No additiona Please char	IONAL FEE FO	d for this ame	ndment. i to cover	n the amount of \$	
TOTAL ADDIT x Large Entity x No additions Please char A check in the Payment by x The Director	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. For	od for this amen	ndment. il to cover is attached. ge and credit	n the amount of \$ the filing fee is enclo	sed.
x Large Entity x No additiona Please char A check in the Payment by The Director as described	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth d below. A dup	od for this amerocount No	ndment. il to cover is attached. ge and credit	n the amount of \$ the filing fee is enclo	sed.
TOTAL ADDIT X Large Entity X No additions Please char A check in the Payment by X The Director as described X Credit a	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. Fo r is hereby auth d below. A dup ny overpaymer	ount No count No porm PTO-2038 norized to char dicate copy of	ndmentiito cover b is attached. ge and credit this sheet is o	the amount of \$ the filing fee is enclor Deposit Account No.	sed. 18-1945
TOTAL ADDIT X Large Entity X No additions Please char A check in the Payment by X The Director as described X Credit a	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. Fo r is hereby auth d below. A dup ny overpaymer	ount No count No porm PTO-2038 norized to char dicate copy of	ndmentiito cover b is attached. ge and credit this sheet is o	n the amount of \$ the filing fee is enclo	sed. 18-1945
TOTAL ADDIT X Large Entity X No additions Please char A check in the Payment by X The Director as described X Credit a	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. Fo r is hereby auth d below. A dup ny overpaymer	ount No count No porm PTO-2038 norized to char dicate copy of	ndmentiito cover b is attached. ge and credit this sheet is o	the amount of \$ the filing fee is enclor Deposit Account No. enclosed.	sed. 18-1945
TOTAL ADDIT Large Entity No additions Please char A check in the payment by the prector as described to the prector and the pr	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth d below. A dup ny overpaymer any additional fil	od for this amer	ndmentiito cover b is attached. ge and credit this sheet is o	the amount of \$ the filing fee is enclor Deposit Account No. enclosed.	sed. 18-1945 CFR 1.16 and 1.17